

CREDIT CARD AUTHORIZATION FORM

DATE : _____

TO : HOLIDAY INN-CAPITOL
ATTN: SALES/CATERING
FAX NO (202) 488-4627



FROM : _____

This is to authorize Holiday Inn-Capitol to charge my () personal () company credit card for the following charges:

- () Room and Tax only
- () Porterage (for group arrival of 10 or more persons, \$6 per person roundtrip)
- () Group meals (Breakfast/Lunch/Dinner)
- () Incidentals (pay movies, phones, parking, dining, etc.)
- () All Conference/Banquet Charges
- () For guarantee purposes only

Guest/Group Name _____

Confirmation Number _____

Credit Card Number _____

Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

Address _____

Telephone Number _____

The Hotel requires that a PHOTOCOPY OF THE BACK OF THE CREDIT CARD ONLY AND A FORM OF PHOTO IDENTIFICATION (DRIVER'S LICENSE, PASSPORT, ETC.) be submitted with this authorization form. For security purposes, the HOTEL stores the photocopied identifying information in a separate location from the credit card authorization form and shall retain both forms until guest's stay at the hotel has been completed or the reservation has been cancelled or charged, in accordance with hotel policy. If the cardholder/ organization is tax exempt from the District Columbia Sales and Use Tax, the Hotel is required to retain this Credit Card Authorization Form for the statutory audit period established by the Government of the Distict of Columbia.

Your signature below acknowledges your consent to this policy.

Cardholder's Name

Cardholder's Signature